

HOUSING QUESTIONNAIRE

Name (Last, First, M.I.): _____	DOB: __/__/__ Age: _____
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<p>Have you served in the military? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Who else will be living with you in the community? <input type="checkbox"/> No One <input type="checkbox"/> Family Member(s)- List Name/Contact information below _____ <input type="checkbox"/> Friend(S)- List Name/Contact information below _____ <input type="checkbox"/> Live-in Aide- List Name/Contact information below _____</p> <p>Reasonable Accommodation/Modification required? _____ _____ _____ _____ _____ _____</p>	<p>Income Information: <input type="checkbox"/> No Income <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Pension <input type="checkbox"/> Other Please list the total gross monthly amount of Income: \$ _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>Housing Documentation: Do you need assistance with obtaining the following housing documentation? Check all that apply <input type="checkbox"/> Social Security Card <input type="checkbox"/> Government- Issued picture ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Income Award letter from Social Security <input type="checkbox"/> Current bank statement(s) <input type="checkbox"/> Other Income and asset documentation</p> </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>Credit History: Check any that apply: <input type="checkbox"/> Past due utility/phone bill-Utility company/amount: _____ <input type="checkbox"/> Past due credit card bill(s) <input type="checkbox"/> Owe money to a public housing authority <input type="checkbox"/> Past due rent <input type="checkbox"/> Other past due bills <input type="checkbox"/> Filed for bankruptcy Date _____ Do you need assistance with reviewing your credit history? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </td> </tr> </table> <p>Subsidized Housing History</p> <p>Have you ever received Housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? : _____ _____</p> <p>If you did receive housing assistance in the past and were terminated from the program please give the reason why: _____ _____ _____</p>	<p>Housing Documentation: Do you need assistance with obtaining the following housing documentation? Check all that apply <input type="checkbox"/> Social Security Card <input type="checkbox"/> Government- Issued picture ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Income Award letter from Social Security <input type="checkbox"/> Current bank statement(s) <input type="checkbox"/> Other Income and asset documentation</p>	<p>Credit History: Check any that apply: <input type="checkbox"/> Past due utility/phone bill-Utility company/amount: _____ <input type="checkbox"/> Past due credit card bill(s) <input type="checkbox"/> Owe money to a public housing authority <input type="checkbox"/> Past due rent <input type="checkbox"/> Other past due bills <input type="checkbox"/> Filed for bankruptcy Date _____ Do you need assistance with reviewing your credit history? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Criminal History: Check/date and box that applies

Do you currently use any drugs considered to be illegal by the Federal or Local Government? (Marijuana is considered an illegal drug with the Federal Government)
☐ Yes ☐ No

Have you ever: **1)** Been arrested or convicted of any crimes? ☐ Yes ☐ No **2)** Engaged in drug-related criminal activity? ☐ Yes ☐ No
3) Engaged in violent criminal activity? ☐ Yes ☐ No If 1, 2 or 3 is yes, list specific instances and dates: _____

Are you currently subject to a lifetime registration requirement under a State Sex or violent offender registration program? ☐ Yes ☐ No If yes, list name of state: _____

Housing Support Determination What are a person's strengths and abilities? <input type="checkbox"/> Ability to pay rent on time <input type="checkbox"/> Ability to maintain positive relationships <input type="checkbox"/> Ability to maintain positive relationships <input type="checkbox"/> Family/Friend support <input type="checkbox"/> Community inclusion (interest/past participation) <input type="checkbox"/> Long-term rental history <input type="checkbox"/> Ability to maintain home <input type="checkbox"/> Ability to use Transportation <input type="checkbox"/> Motivation to resolve legal/credit issues <input type="checkbox"/> Motivation to obtain housing <input type="checkbox"/> Other	Housing Preferences <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Proximity to: <input type="checkbox"/> Transportation <input type="checkbox"/> Shopping <input type="checkbox"/> Medical <input type="checkbox"/> Religious Community <input type="checkbox"/> Family/Friends <input type="checkbox"/> Recreation/Cultural <input type="checkbox"/> Other </div> <div style="width: 30%;"> Locale: <input type="checkbox"/> Urban/Downtown <input type="checkbox"/> Urban/Residential Neighborhood <input type="checkbox"/> Suburban <input type="checkbox"/> Rural/Small Town </div> <div style="width: 30%;"> Type of Housing: <input type="checkbox"/> Garden –Style Apt <input type="checkbox"/> Elevator/High Rise <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> Single-Family Home <input type="checkbox"/> Other </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> Living Space/Adaptability Preferences: <input type="checkbox"/> Bedroom _____ <input type="checkbox"/> Bathroom _____ <input type="checkbox"/> Kitchen _____ <input type="checkbox"/> Laundry _____ </div> <div style="width: 30%;"> Utility Needs: <input type="checkbox"/> Included in Rent <input type="checkbox"/> AC <input type="checkbox"/> Gas/Electric/Oil <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Other </div> <div style="width: 30%;"> Safety/Security concerns: _____ _____ _____ _____ _____ </div> </div>																									
Housing Options Please check if you have applied for or would be interested in the following types of Subsidized Housing. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Applied for:</th> <th style="width: 10%; text-align: center;">Interested in:</th> </tr> </thead> <tbody> <tr> <td>Housing Choice Voucher</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>VASH (Veterans only voucher)</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Shelter Plus Care Voucher</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Project Based</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Public Housing</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>HUD Subsidized</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>811</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>		Applied for:	Interested in:	Housing Choice Voucher	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	VASH (Veterans only voucher)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shelter Plus Care Voucher	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Project Based	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Public Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	HUD Subsidized	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	811	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Goal, Progress, Setbacks, Revisions _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
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